

HEMOGLOBINOPATHY LABORATORY REQUEST
Form No. G-128 (Rev. 8/93)

CLIA # 45D0660644
Texas Department of Health
Bureau of Laboratories

Lab No.	Date Rec'd.	Date Reported
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Please Print Below With Ballpoint Pen or Typewriter

Submitter's Name		
Address		
Address		
City	State	Zip Code

Instructions

1. Submit 7 ml. of ANTICOAGULATED BLOOD (0.5 ml. for newborn confirmation).
2. Clearly label each specimen with the patient's first and last names.
3. Fill in all information requested.

Patient Demographic Data

Patient's Name		Last		First	
Patient's DOB	Month	Day	Year	Sex	
				1 = Male	
				2 = Female	
Date Collected	Month	Day	Year	Collected by (Initials)	
				Medicaid Eligible?	1 = yes 2 = no
				Medicaid No.	
				Physician's Name	Area
					Telephone No.

<input type="checkbox"/>	Previous electrophoresis results (select code number from list below)
<input type="checkbox"/>	00 Not previously tested
<input type="checkbox"/>	01 Probable S-trait
<input type="checkbox"/>	02 Probable C-trait
<input type="checkbox"/>	03 Probable D or G-trait
<input type="checkbox"/>	04 Probable E-trait
<input type="checkbox"/>	05 Probable Sickle Disease
<input type="checkbox"/>	06 Probable S-C Disease
<input type="checkbox"/>	07 Other (specify) _____

<input type="checkbox"/>	Specimen code (select code number 1-6 from list below)	If Code = 1 then Enter Reference No. From TDH
<input type="checkbox"/>	1 Newborn Screening follow-up study	
<input type="checkbox"/>	2 Reference analysis due to abnormal electrophoretic findings (includes quantitations where appropriate)	
<input type="checkbox"/>	3 Other (specify) _____	

LABORATORY REPORT (DO NOT WRITE BELOW)

ELECTROPHORESIS RESULTS	OTHER TESTS
Isoelectric Focusing _____	% Hemoglobin F _____
Citrate agar _____	(Normal range: 0 - 3%)
Cellulose acetate _____	% Hemoglobin A ₂ _____
HPLC _____	(Normal range: 0 - 3.5%)
Interpretation: _____	

SHIPPING REQUIREMENTS FOR HUMAN BLOOD SPECIMENS

SAMPLES SENT BY THE U.S. POSTAL SYSTEM REQUIRE **TRIPLE** CONTAINMENT

SAMPLES SENT BY OTHER COURIER SERVICES: 1. FOLLOW REGULATIONS OF THE COURIER SERVICE 2. USUALLY COURIER SERVICES DO NOT REQUIRE TRIPLE CONTAINMENT FOR HUMAN SPECIMENS, HOWEVER, TRIPLE CONTAINMENT WITHIN THE COURIER'S ENVELOPE WOULD BE VERY GOOD PRACTICE, AS COURIER BAGS ARE NOT ALWAYS LEAK-PROOF. SUPPLIES FOR SHIPPING CAN BE OBTAINED FROM THE STATE LABORATORY. PLEASE CALL (512) 458-7569.